

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <i>10/658,125</i>	FILING DATE
						APPLICANT(S)	
6-7-04						CLAIMS	
NO.	APPLICANT AMENDMENT		APPLICANT AMENDMENT		NO.	IND	
	IND	DEP	IND	DEP		IND	DEP
1	/			51			
2		/		52			
3		/		53			
4		/		54			
5		/		55			
6		/		56			
7	/			57			
8		/		58			
9		/		59			
10		/		60			
11		/		61			
12		/		62			
13		/		63			
14		/		64			
15		/		65			
16		/		66			
17	/			67			
18		/		68			
19		/		69			
20	/			70			
21	/			71			
22		/		72			
23		/		73			
24		/		74			
25		/		75			
26		/		76			
27		/		77			
28		/		78			
29				79			
30				80			
31				81			
32				82			
33				83			
34				84			
35				85			
36				86			
37				87			
38				88			
39				89			
40				90			
41				91			
42				92			
43				93			
44				94			
45				95			
46				96			
47				97			
48				98			
49				99			
50				100			
TOTAL IND.	<i>5</i>				TOTAL IND.		
TOTAL DEP.	<i>23</i>				TOTAL DEP.		
TOTAL CLAIMS	<i>28</i>				TOTAL CLAIMS		